

| POSITION          | INITIALS | ID NO. | DATE |
|-------------------|----------|--------|------|
| FEE DETERMINATION |          |        |      |
| I.P.E. CLASSIFIER |          |        |      |
| FORMALITY REVIEW  |          |        |      |

BEST AVAILABLE COPY

49

68904

4-14-99  
7/13/99

## INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

| Claim | Final | Original | Date | (1) |
|-------|-------|----------|------|-----|
| 1     | 1     | 1        | ✓    |     |
| 2     | 2     | 2        | ✓    |     |
| 3     | 3     | 3        | ✓    |     |
| 4     | 4     | 4        | ✓    |     |
| 5     | 5     | 5        | ✓    |     |
| 6     | 6     | 6        | ✓    |     |
| 7     | 7     | 7        | ✓    |     |
| 8     | 8     | 8        | ✓    |     |
| 9     | 9     | 9        | ✓    |     |
| 10    | 10    | 10       | ✓    |     |
| 11    | 11    | 11       | ✓    |     |
| 12    | 12    | 12       | ✓    |     |
| 13    | 13    | 13       | ✓    |     |
| 14    | 14    | 14       | ✓    |     |
| 15    | 15    | 15       | ✓    |     |
| 16    | 16    | 16       | ✓    |     |
| 17    | 17    | 17       | ✓    |     |
| 18    | 18    | 18       | ✓    |     |
| 19    | 19    | 19       | ✓    |     |
| 20    | 20    | 20       | ✓    |     |
| 21    | 21    | 21       | ✓    |     |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here